PLEASE PRINT

## STATE OF NEW HAMPSHIRE

# 2019 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

## RECEIVED

APR 23 2019

I. Name of Lobbyist(s) Katherine Cole		NEW HAMPSHIRE DEPARTMENT OF STA
II. Name of lobbyist's partnership, firm or corporation	, if any:	DEPARTMENT OF STA
Tufts Associated Health Maintenar	ice Organization	
(Name of partnership, firm or corporation)	oc Organization	
705 Mount Auburn Street Watertov	vn MA	02472
Business Address: (Street) (Town/Ci		(Zip Code)
( ) <u>(617) 972-9400 x 85172</u> ( )	(Fax) c-mail Katherin	ne_Cole@tufts-health.com
III. This statement covers: (Choose one – file separate reportable expense transactions which are not attribute	reports for each client, OR you ma able to any one client).	y file a separate report for
C <sub>X</sub> All reportable transactions occurring in the months pri-	or to the reporting date relative to the	e following client:
Tufts Health Freedom Plan		
(Full Name of Client as it appears on t	he Lobbyist Registration Form)	
OR		
All reportable transactions by the lobbyist (including the unrelated to any particular client.	e lobbyist's family), or the lobbying	firm listed below which are
IV. Date of Report April 24, 2019 🗓	July 31, 2019 🛚	
Reports cover: activity from date of registration to 3/31/19	activity from 4/1/19 to 6/30/19	
October 30, 2019   activity from 7/1/19 to 9/30/19	January 29, 2020 [] activity from 10/1/19 to 12/31/	719
V. There have been no fees received and no report If this box is checked, complete just this form and submit it Concord, NH 03301.	able transactions made since the to the Secretary of State's Office, St	ne last report.   Gate House, Room 204,
VI. Check if additional reports are attached:		
If you have received fees or made expenditures, you m	ust file Addendum A- Fees and Ex	nenses
If you have paid an honorarium or reimbursed expense     Expense Reimbursement		
☐ If you, your firm, or your family has made political col	ntributions, you must file Addendur	n C- Political Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 a	nd hereby swear or affirm that the fo	oregoing information is true
and complete to the best of my knowledge and belief.		
Katherine L Cole	4/22/19	·
(Signature of lobbyist)	(Date	e)
Katherine L Cole		
(Print Name of lobbyist)		

# LEASE PRIN

## STATE OF NEW HAMPSHIRE

# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

II. Name of lobbyist's partnership, firm or corporation, if any:		
Tufts Associated Health Maintenance Organization		
(Name of partnership, firm or corporation)		
III. Name of Client Tufts Health Freedom Plan	Date _	4/22/19
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, o	or public relations servi
a) Total of all fees received in this reporting period	a) \$	\$18,787
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) <b>\$</b> ear)	\$0.00
c) Total of all fees received to date (Add lines a and b)	c) <b>\$</b>	\$18,787
d) Indicate the amount of any such fees that are duc, but have not yet been paid	d) \$	\$0.00
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and it may be file aggregate spenses; (b) e: meals pross than \$10 d with a varting periode of greater than \$25 expense r	f expenditures are made ad for the lobbyist(s)/fit total of all expenses p total of all expenses p the aggregate total of archased during a busing that is given to the per- alue of \$25.00 or less); d of greater than \$25.00 er than \$25, purchase of but not greater than \$ eimbursement, or politic
<ul> <li>a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.</li> <li>b) Total aggregate of expenditures during this reporting period, not reported</li> </ul>	a) \$	\$0.00
in a), of \$25 or less.	b) \$	\$0.00
a) Total of all itamizad aspenditures reported in detail in section VI	2 (2	\$0.00

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$	\$0.00
· ·		
<ul> <li>c) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)</li> </ul>	c) \$	\$0.00
f) Total of all expenses year to date	0\$	\$0.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from to period, including by whom paid or to whom charged.	obbying fe	es during this reporting
Paid to:	Amount:	
	\$	
	<b>"</b>	
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	that the	foregoing information
Katherine L. Cole		4/22/19
(Signature of lobbyist)		(Date)
Katherine Cole		
(Print Name of lobbyist)		

.

•